



APPEAL BACKGROUND REPORT
ND DEPARTMENT OF HUMAN SERVICES
LEGAL SERVICES
SFN 1784 (Rev. 01-2002)

Client Name:

Case Number:

1. PLEASE ATTACH A COPY OF THE ACTION NOTICE THAT IS BEING APPEALED AND COMPLETED REQUEST FOR HEARING FORM (TECS, etc.).

2. Action taken: (check applicable box(es))

- ☐ Application Denied
☐ Assistance Discontinued
☐ Benefits Reduced
☐ Other: _____

3. Program

- ☐ TANF
☐ Food Stamps
☐ Medical Assistance
☐ Fuel Assistance
☐ Other: _____

4. Please identify the section(s) of the manual or administrative code you relied on, with a brief summary of the applicable language.

5. What was the reason for the action you took and what information did you rely on? (Use reverse side if necessary.) Please provide a detailed explanation.

6. Is the client's disagreement with:

- ☐ The information that was relied on in making the decision.
☐ The program regulations that were applied in this case.
☐ Other: _____
☐ Unknown

Submitted By:

Date: